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RICHARD W. LISKING  
CLERK, U.S. DISTRICT COURT  
NORTHERN DISTRICT OF CALIFORNIA

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UNITED STATES DISTRICT COURT  
NORTHERN DISTRICT OF CALIFORNIA

W. W. W. W.

vs.  
J.F.

Plaintiff,

CASE NO.

APPLICATION TO PROCEED  
IN FORMA PAUPERIS

(Non-prisoner cases only)

Defendant.

I, W. W. W. W., declare, under penalty of perjury that I am the plaintiff in the above entitled case and that the information I offer throughout this application is true and correct. I offer this application in support of my request to proceed without being required to prepay the full amount of fees, costs or give security. I state that because of my poverty I am unable to pay the costs of this action or give security, and that I believe that I am entitled to relief.

In support of this application, I provide the following information:

1. Are you presently employed? Yes ☒ No ☐

If your answer is "yes," state both your gross and net salary or wages per month, and give the name and address of your employer:

Gross: League-Minimex Net: 750,000.00  
Employer: Free-agent athlete. Political lobbyist & fundraiser

If the answer is "no," state the date of last employment and the amount of the gross and net salary

1 and wages per month which you received.

2 O. Embryghal Cap 04-433676

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5 2. Have you received, within the past twelve (12) months, any money from any of the  
6 following sources:

7 a. Business, Profession or  
8 self employment?

Yes \_\_\_ No ☒

9 b. Income from stocks, bonds,  
10 or royalties?

Yes \_\_\_ No ☒

11 c. Rent payments?

Yes \_\_\_ No ☒

12 d. Pensions, annuities, or  
13 life insurance payments?

Yes \_\_\_ No ☒

14 e. Federal or State welfare payments,  
15 Social Security or other govern-  
16 ment source?

Yes ☒ No \_\_\_

17 If the answer is "yes" to any of the above, describe each source of money and state the amount  
18 received from each.

19 SSI SSA

20  
21 3. Are you married?

Yes \_\_\_ No ☒

22 Spouse's Full Name: \_\_\_\_\_

23 Spouse's Place of Employment: \_\_\_\_\_

24 Spouse's Monthly Salary, Wages or Income:

25 Gross \$ \_\_\_\_\_ Net \$ \_\_\_\_\_

26 4. a. List amount you contribute to your spouse's support: \$ \_\_\_\_\_

27 b. List the persons other than your spouse who are dependent upon you for support  
28 and indicate how much you contribute toward their support. (NOTE: For minor

1 children, list only their initials and ages. DO NOT INCLUDE THEIR NAMES.)

2 Christopher Peter Mife!

3

4 5. Do you own or are you buying a home? Yes \_\_\_ No ☒

5 Estimated Market Value: \$ \_\_\_\_\_ Amount of Mortgage: \$ \_\_\_\_\_

6 6. Do you own an automobile? Yes ☒ No \_\_\_

7 Make Chery Year 1984 Model Vette

8 Is it financed? Yes \_\_\_ No ☒ If so, Total due: \$ \_\_\_\_\_

9 Monthly Payment: \$ 0

10 7. Do you have a bank account? Yes ☒ No \_\_\_ (Do not include account numbers.)

11 Name(s) and address(es) of bank: Accounts # 322271627 4924811634

12 Washington Mutual

13 Present balance(s): \$ Overdrawn \$1.00

14 Do you own any cash? Yes \_\_\_ No ☒ Amount: \$ \_\_\_\_\_

15 Do you have any other assets? (If "yes," provide a description of each asset and its estimated market value.) Yes \_\_\_ No ☒

18 8. What are your monthly expenses?

19 Rent: \$ 0 Utilities: 0

20 Food: \$ 0 Clothing: 0

21 Charge Accounts:

22 Name of Account Monthly Payment Total Owed on This Account

23 N/A \$ \_\_\_\_\_ \$ \_\_\_\_\_

24 N/A \$ \_\_\_\_\_ \$ \_\_\_\_\_

25 N/A \$ \_\_\_\_\_ \$ \_\_\_\_\_

26 9. Do you have any other debts? (List current obligations, indicating amounts and to whom they are payable. Do not include account numbers.)

27 VA - Dept of Ed.

28

US Dept of Ed Region X

10. Does the complaint which you are seeking to file raise claims that have been presented in other lawsuits? Yes ☒ No ☐

Please list the case name(s) and number(s) of the prior lawsuit(s), and the name of the court in which they were filed.

Cp-06-447164

I declare under the penalty of perjury that the foregoing is true and correct and understand that a false statement herein may result in the dismissal of my claims.

4/24/08  
DATE

M. Maffei  
SIGNATURE OF APPLICANT